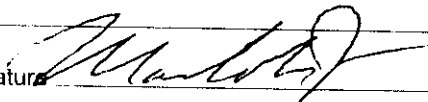


No. W 21234		Due no later than October 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable. COLLATERAL LOAN OF IDAHO, LLC MARK JONES 516 1/2 OAK ST SANDPOINT, ID 83864		MARK JONES 516 1/2 OAK ST SANDPOINT, ID 83864	
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER MANAGER	MARK JONES	516 1/2 Oak St.	SDPT.	ID	83864
5. Organized Under the Laws of: IDAHO W 21234		6.  Signature _____ Date <u>09/30/04</u> Name (Typed or Printed) <u>MARK JONES</u> Title <u>MEMBER</u>			

Issued 08/02/2004

Do Not Tape or Staple

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